		174
ARIZONA STATE B		ARD OF HEALTH State File No. /3/
3	BUREAU OF VITA	L STATISTICS Registered No.
3	1. PLACE OF BIRTE	
i e	Izil M	State
an I	County	
יותם זהו מיותי מווח חום ז	District or Township	or Village
	Houselin	St., Ward
	City	hospital or institution, give its NAME instead of street and number)
	2. Full name of child all the following	supplemental report, as directed.
	3. Sar 21 Child / To be answered ONLY ) 4. Twin, triplet or other	6. Legitimate? 7. Date
	in event of plural	of birth
	births.   5. No., in order of birth.	
•	8. FATHER	MOTHER O
<u> </u>	Figure for a la out for one	Full maiden name
1 1	100000000000000000000000000000000000000	15. Residence
	9. Residence (Usual place of above / Confolia	(Usual place of abode)
1	If non-resident, give place and state.	If non-resident, give place and state.
. 35	10. Color or race	16, Color or race
12		17. Age at last birthday (Years)
្តីទ	11. Age at last birthday (Years)	1001
1 4	12. Birthplace (city or place)	18. Birthplace (city of state)
٠. ``	1	(State or country) Clary
1 2	(State or country)	
7	13. Occupation	19. Occupation
1	Nature of Industry	Nature of industry
1		and now living 21. Were precautions taken against opa-
	20. Number of Children of the	and now living 21. Were precautions taken against opa- the now dead the now dead the new dead th
į	(Taken as of time of birth of child herein certified and including this child.)	a Jus
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
	I hereby certify that I attended the birth of this child, who was (Born alive of Stillborn)	
3	( les the the street with	
1 ))   1 +t-:/- then the fother, householder, i		
3	etc., should make this return. A stillout	(Physician or similar)
1	shows other evidence of the after bitting	Ifand Whoma
1	Given name added from  a supplemental report  Month, day, year  Filed Jaw 8, 1950  Registrar.	
کوون		
-0.4		

Registrar.